

CATEGORY: NON-BREASTFEEDING

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
NS	Non-Breastfeeding, Standard	001 002 900 229(b) 301	1 1 1 1 1	Milk – fl/dry/evap – 1 gal Milk – fl/dry/evap – 1 _ gal Milk – fluid only – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz
NSL	Non-Breastfeeding, Standard, <i>Low Lactose</i>	004 005 901 229(b) 301	1 1 1 1 1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz
NH	Non-Breastfeeding, <i>Homeless</i>	010 100 265(b) 300 428	9 1 4 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Beans - 2 cans (14-16 oz)
NFCS	Non-Breastfeeding, Needing Formula - Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

FOOTNOTES:

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)